

<i>SERFF Tracking Number:</i>	<i>LDDX-125992533</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR AR0204201F02</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Aviation Related Programs</i>		
<i>Project Name/Number:</i>	<i>Aviation Related Programs/AR AR0204201F02</i>		

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Aviation Related Programs

TOI: 22.0 Aircraft

Sub-TOI: 22.0000 Aircraft

Filing Type: Form

Effective Date Requested (New): 03/01/2009

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: LDDX-125992533 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR AR0204201F02

Co Status:

Author: SPI ORChicago

Date Submitted: 01/16/2009

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Disposition Date: 01/16/2009

Disposition Status: Approved

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

General Information

Project Name: Aviation Related Programs

Project Number: AR AR0204201F02

Reference Organization:

Reference Title:

Filing Status Changed: 01/16/2009

State Status Changed: 01/16/2009

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company submits for your review and approval applications for the Airport Tenants Liability (AP) Program. Warranty language has been removed from the fraud warning in both applications.

We submit Airport Tenants Legal Liability/Airport Tenants Insurance Application PAM-UW-25 (01/09) which replaces PAM-UW-25 (09/08). A markup is attached for your reference.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number:	LDDX-125992533	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR AR0204201F02		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Aviation Related Programs		
Project Name/Number:	Aviation Related Programs/AR AR0204201F02		

We submit Commercial Aircraft Insurance Application PAM-UW-29 (01/09) which replaces PAM-UW-29 (09/08). A markup is attached for your reference.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst	jwoods@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4532 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	01/16/2009	25075444

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<i>Product Name:</i>	<i>Aviation Related Programs</i>		
<i>Project Name/Number:</i>	<i>Aviation Related Programs/AR AR0204201F02</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/16/2009	01/16/2009

<i>SERFF Tracking Number:</i>	<i>LDDX-125992533</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Aviation Related Programs</i>		
<i>Project Name/Number:</i>	<i>Aviation Related Programs/AR AR0204201F02</i>		

Disposition

Disposition Date: 01/16/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
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<i>Project Name/Number:</i>	<i>Aviation Related Programs/AR AR0204201F02</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	PAM-UW-25 Markup, PAM-UW-29 Markup	Approved	Yes
Form	Airport Tenants Legal Liability / Airport Tenants Insurance Application	Approved	Yes
Form	Commercial Aircraft Insurance Application	Approved	Yes

SERFF Tracking Number:	LDDX-125992533	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR AR0204201F02		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Aviation Related Programs		
Project Name/Number:	Aviation Related Programs/AR AR0204201F02		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Airport Tenants Legal Liability / Airport Tenants Insurance Application	PAM-UW-25	(01/09)	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 PAM-UW-25 Previous Filing #:		PAM-UW-25.PDF
Approved	Commercial Aircraft Insurance 29 Application	PAM-UW-29	(01/09)	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 PAM-UW-29 Previous Filing #:		PAM-UW-29.PDF



OLD REPUBLIC INSURANCE COMPANY

P. O. Box 440757
Kennesaw, Georgia 30160
bqatl@pamav.com



PHOENIX AVIATION
MANAGERS, INC.

15660 N. Dallas Parkway, Suite 1000
Dallas, Texas 75248
bqdal@pamav.com

AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

(Check which is desired) ☐ A QUOTATION ☐ INSURANCE

Name of Applicant

Address

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other
whose business is

Insurance is requested from 20 to 20

Name of Airport Identifier located miles of

APPLICANT'S OCCUPANCY: ☐ Entire ☐ Part

APPLICANT IS: ☐ Tenant ☐ General Lessee ☐ Airport Owner **Present Insurance expires**

BUSINESS OWNER'S NAME: Full time Business? ☐ NO ☐ YES

OPERATIONS OF APPLICANT – indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$	Aircraft Repairs	\$	Auto Parking	\$
Tie Down & Hangaring	\$	Avionics Repairs	\$	Agricultural Ops	\$
Landing Fees	\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$
New Aircraft	\$	Rental & Instruction	\$	Other:	\$
Used Aircraft	\$	Helicopter Repairs	\$		\$
Aircraft Parts	New \$	Food & Beverages	\$		\$
	Used \$	Pilot Supplies	\$	Total	\$

(Use separate sheet if necessary)

Are any Aircraft – other than single engine or piston multi-engine – maintained, serviced or repaired by applicant? ☐ NO ☐ YES

If YES, specify number and type:

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? ☐ NO ☐ YES

Highest value of aircraft maintained, serviced or repaired by applicant:

Does applicant perform any: Engine overhauls ☐ NO ☐ YES Propeller overhauls ☐ NO ☐ YES
Major airframe structural repairs ☐ NO ☐ YES Aircraft painting ☐ NO ☐ YES

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Name of Applicant _____

LIMITS OF LIABILITY – Check box for Coverages desired: <input type="checkbox"/> PREMISES <input type="checkbox"/> PRODUCTS <input type="checkbox"/> COMPLETED OPERATIONS					
Liability Coverage State Limits of Liability Desired	PREMISES		COMPLETED OPERATIONS & PRODUCTS		GROUND HANGARKEEPERS LIABILITY
	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	EACH AIRCRAFT
Bodily Injury Liability					
Property Damage Liability	XXXX		XXXX		EACH LOSS
Bodily Injury and Property Damage					<input type="checkbox"/> INCL. TAXI <input type="checkbox"/> EXCL. TAXI DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT

TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxied, towed or moved by applicant? <input type="checkbox"/> NO <input type="checkbox"/> YES			
Who provides tie down ropes/chains, etc.?			
Number of:	Tie down spaces	T-hangers	Multiple-aircraft hangars
Number of aircraft:	Tied down	In T-hangers	In multiple-aircraft hangars
Highest value a/c:	Tied down \$	In T-hangers \$	In multiple-aircraft hangars \$
Total value all a/c:	Tied down \$	In T-hangers \$	In multiple-aircraft hangars \$
Number of:	Ultra-light a/c	Helicopters	

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT			
Indicate the number and type of vehicles maintained for use exclusively on the airport premises:			
Fuel Trucks	Snow Removal	Fire Engines	Tugs
Mowers	Pickup Trucks	Passenger Cars	Other
State number of:	Elevators	Escalators	Moving Sidewalks
State number of Aircraft owned or operated by applicant		number of Helicopters	

CONTRACTS	
Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.?	<input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)
Does applicant use contracts for hangaring, tie down service, etc.?	<input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)

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Name of Applicant _____

CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction				
Runways & Taxiways	\$	next year	\$	next three years
All others (describe)	\$	next year	\$	next three years

AIRPORT DESCRIPTION – Elevation is ft. Longest runway is ft.			
Number of aircraft based at airport:		Airline	General Aviation
			Military
Runway construction:	<input type="checkbox"/> Concrete	<input type="checkbox"/> Turf	<input type="checkbox"/> Gravel
	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Other	Are runways lighted? <input type="checkbox"/> NO <input type="checkbox"/> YES
Is aircraft traffic controlled?	<input type="checkbox"/> NO <input type="checkbox"/> YES	By: <input type="checkbox"/> Tower	<input type="checkbox"/> Unicom
		Operated by:	
Is there an airport manager?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Employed by:	
Is manager on premises during hours of operation?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Hours of operation	to
Fire station located at airport?	<input type="checkbox"/> NO	It is miles from the airport	<input type="checkbox"/> YES
Is airport fenced?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Who maintains the airport?	
Does the applicant own, operate or maintain any navigational aids? <input type="checkbox"/> NO <input type="checkbox"/> YES (describe)			
If applicant is Owner or General Lessee, complete the following:			
Airport Manager is:	<input type="checkbox"/> Employee of applicant	<input type="checkbox"/> Independent Contractor (furnish copy of contract)	
Any Recreational or other Non-Aviation facilities or use of Airport premises? <input type="checkbox"/> NO <input type="checkbox"/> YES (describe)			
List Airlines and scheduled Air Taxis that will serve this airport during the next three years:			
Total Estimated Arrivals & Departures:	PRESENT YEAR	NEXT YEAR (EST)	FOLLOWING YEAR (EST)
Revenue Passengers			
Airline Aircraft			
General Aviation Aircraft			
Military Aircraft			

FUELING – On premises <input type="checkbox"/> NO <input type="checkbox"/> YES Done by applicant <input type="checkbox"/> NO <input type="checkbox"/> YES	
Fueling is by: <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input type="checkbox"/> Gas pump <input type="checkbox"/> Gas pit <input type="checkbox"/> Self-Serve Pump Facilities <input type="checkbox"/> Other	
If Self-Serve Pump Facility:	
(a) Who is responsible for Fuel & Equipment Maintenance?	
(b) Who receives profit from Sales?	
*Provide Copy of Contracts	

Name of Applicant _____

Annual Gallonage: **Airline** gallons **General Aviation** gallons **Military** gallons

Type of fuel sold: ☐ AVGAS ☐ JET FUEL ☐ AUTO FUEL

Fuel Storage Facilities: **Underground** gallons **Above ground** gallons

Annual Gallonage of Turbine Engine Fuel: gallons

Does applicant refuel/defuel any scheduled airlines? ☐ NO ☐ YES

If yes, describe type aircraft and number fueled per day

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer

Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? ☐ NO ☐ YES

(Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)

Explain

Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? ☐ NO ☐ YES

(Not applicable in the following states: Missouri)

Explain

Name of Last ☐ or Present ☐ Aircraft Insurance Company:

How many years in business under same management? If less than 5 years, give description of owner's / managers experience.

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA; VT; WA; WV)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Name of Applicant _____

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana – Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer:
Address:
City:
State:

Phone No.:

Fax No.:

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES



OLD REPUBLIC INSURANCE COMPANY

P. O. Box 440757
Kennesaw, Georgia 30160
bqatl@pamav.com



PHOENIX AVIATION
MANAGERS, INC.

15660 N. Dallas Parkway, Suite 1000
Dallas, Texas 75248
bqdal@pamav.com

COMMERCIAL AIRCRAFT INSURANCE APPLICATION

(Check which is desired) ☐ A QUOTATION ☐ INSURANCE

Name of Applicant

Address

Policy Period From 20 To 20

1. SCHEDULE OF AIRCRAFT: (If Applicable)

A/C No.	F.A.A.* No.	Make & Model	Yr. Mfg	Engine & H.P.	Seats (Incl. Crew)	Land (L) Sea (S) Amp (A)	Amount of Insurance	Total No. Hours	Flight Operations During Last 12 Months			
									Approx. % Flown for Each Operation			
									Instruction	Rental	Charter	Other
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

*If other than Standard indicate "R" for Restricted, "L" for Limited or "E" for Experimental.

Deductibles:

Not In Motion
Not In Motion
Not In Motion

In Motion
In Motion
In Motion

Fixed Gear
Retractable Gear
Multi-Engine

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NAME OF APPLICANT _____

2. IF ANY AIRCRAFT ARE ENCUMBERED, COMPLETE THE FOLLOWING:

A/C No.	Amount of Lien	Name and Address of Lienholder

3. IF ANY AIRCRAFT ARE LEASED, COMPLETE THE FOLLOWING AS RESPECTS EACH OWNER:

A/C No.	Name of Owner	Age	Pilot Certificate		Pilot Hours					
			Certificate	Ratings	S.E. Fixed Gear	S.E. Ret. Gear	Multi-Engine	Total All Types	Total Last 12 Months	Total Last 180 Days

4. IF ANY AIRCRAFT HAVE HAIL DAMAGE, COMPLETE THE FOLLOWING:

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

5. CHIEF PILOT EMPLOYED FULL OR PART TIME FOR (1) CHARTER AND (2) INSTRUCTION:

Name	Age	Pilot Certificate		Pilot Hours					
		Certificate	Ratings	S.E. Fixed Gear	S.E. Ret. Gear	Multi-Engine	Total All Types	Total Last 12 Months	Total Last 180 Days
(1)									
(2)									

6. LIABILITY LIMITS DESIRED:

Bodily Injury Liability (Excluding Passengers)	\$	ea. Person	\$	ea. Occurrence
Passenger Bodily Injury Liability	\$	ea. Person	\$	ea. Occurrence
Property Damage Liability	\$	ea. Occurrence		
Or Single Limit Liability	\$	ea. Occurrence		
		<input type="checkbox"/> Passenger Liability Limited to \$		per Person
		<input type="checkbox"/> All Bodily Injury Limited to \$		per Person

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7. OPERATION OF NON-OWNED AIRCRAFT DURING PAST 12 MONTHS:

- (a) Passenger seating capacity of largest non-owned aircraft
- (b) Purpose of flying non-owned aircraft
- (c) Any change contemplated for next 12 months? ☐ YES ☐ NO (If answer is "YES" explain)

8. NUMBER OF YEARS IN BUSINESS UNDER CURRENT MANAGEMENT:

9. NAME OF MANAGER:

10. HAS ANY MANAGER OR PILOT NAMED ABOVE EVER BEEN CONVICTED OF OR PLEADED GUILTY TO (A) A CHARGE OF RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? (B) A FELONY? ☐ YES ☐ NO

11. LIST ALL ACCIDENTS/INCIDENTS INSURED AND UNINSURED DURING PAST 5 YEARS: (Use extra sheet if necessary)

	DATE	AMOUNT	DESCRIPTION
(a)			
(b)			
(c)			

12. NAME OF LAST ☐ OR PRESENT ☐ AIRCRAFT INSURANCE COMPANY:

13. HAS ANY COMPANY CANCELLED OR REFUSED TO RENEW? ☐ YES ☐ NO (Not applicable in the following states: Missouri).

If Yes, state Company and Reason:

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA; VT; WA; WV)

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NAME OF APPLICANT _____

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer:

Address:

City:

State:

Phone No.:

Fax No.:

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

<i>SERFF Tracking Number:</i>	<i>LDDX-125992533</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR AR0204201F02</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Aviation Related Programs</i>		
<i>Project Name/Number:</i>	<i>Aviation Related Programs/AR AR0204201F02</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDDX-125992533	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR AR0204201F02		
TOI:	22.0 Aircraft	Sub-TOI:	22.0000 Aircraft
Product Name:	Aviation Related Programs		
Project Name/Number:	Aviation Related Programs/AR AR0204201F02		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	01/16/2009
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name:	PAM-UW-25 Markup, PAM-UW-29 Markup	Review Status:	Approved	01/16/2009
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Comments:

Attachments:

PAM-UW-25 Markup.PDF

PAM-UW-29 Markup.PDF

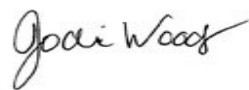
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Old Republic Insurance Group				Group NAIC #	0150
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Old Republic Insurance Company	PA	24147	25-0410420			

5. Company Tracking Number	AR AR0204201F02
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Jodi L. Woods			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	22.0 Aircraft			
10. Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Airport Tenants Liability Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	03/01/09	Renewal:	03/01/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing	01/16/09			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	AR AR0204201F02
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company submits for your review and approval applications for the Airport Tenants Liability (AP) Program. Warranty language has been removed from the fraud warning in both applications.

We submit Airport Tenants Legal Liability/Airport Tenants Insurance Application PAM-UW-25 (01/09) which replaces PAM-UW-25 (09/08). A markup is attached for your reference.

We submit Commercial Aircraft Insurance Application PAM-UW-29 (01/09) which replaces PAM-UW-29 (09/08). A markup is attached for your reference.

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]				
	<table><tr><td>Check #:</td><td><input type="text"/></td></tr><tr><td>Amount:</td><td><input type="text"/></td></tr></table> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	Check #:	<input type="text"/>	Amount:	<input type="text"/>
Check #:	<input type="text"/>				
Amount:	<input type="text"/>				
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.					

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

Style Definition: Default Paragraph
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(Check which is desired) ☐ A QUOTATION ☐ INSURANCE

Name of Applicant

Address

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other
whose business is

Insurance is requested from 20 to 20

Name of Airport Identifier located miles of

APPLICANT'S OCCUPANCY: ☐ Entire ☐ Part

APPLICANT IS: ☐ Tenant ☐ General Lessee ☐ Airport Owner Present Insurance expires

BUSINESS OWNER'S NAME: Full time Business? ☐ NO ☐ YES

OPERATIONS OF APPLICANT – indicate all operations and estimated annual gross receipts.

Fuel & Lubricants	\$	Aircraft Repairs	\$	Auto Parking	\$
Tie Down & Hangaring	\$	Avionics Repairs	\$	Agricultural Ops	\$
Landing Fees	\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$
New Aircraft	\$	Rental & Instruction	\$	Other:	\$
Used Aircraft	\$	Helicopter Repairs	\$		\$
Aircraft Parts	New \$	Food & Beverages	\$		\$
	Used \$	Pilot Supplies	\$	Total	\$

(Use separate sheet if necessary)

Are any Aircraft – other than single engine or piston multi-engine – maintained, serviced or repaired by applicant? ☐ NO ☐ YES

If YES, specify number and type:

Are aircraft owners or any other person(s) (other than employees) permitted to perform any repair, service or inspection of aircraft under your supervision? ☐ NO ☐ YES

Highest value of aircraft maintained, serviced or repaired by applicant:

Does applicant perform any:

Engine overhauls	<input type="checkbox"/> NO <input type="checkbox"/> YES	Propeller overhauls	<input type="checkbox"/> NO <input type="checkbox"/> YES
Major airframe structural repairs	<input type="checkbox"/> NO <input type="checkbox"/> YES	Aircraft painting	<input type="checkbox"/> NO <input type="checkbox"/> YES

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

LIMITS OF LIABILITY – Check box for Coverages desired: <input type="checkbox"/> PREMISES <input type="checkbox"/> PRODUCTS <input type="checkbox"/> COMPLETED OPERATIONS					
Liability Coverage State Limits of Liability Desired	PREMISES		COMPLETED OPERATIONS & PRODUCTS		GROUND HANGARKEEPERS LIABILITY
	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	EACH AIRCRAFT
Bodily Injury Liability					
Property Damage Liability	XXXX		XXXX		EACH LOSS
Bodily Injury and Property Damage					<input type="checkbox"/> INCL. TAXI <input type="checkbox"/> EXCL. TAXI
					DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT

TIE DOWN & HANGARING by APPLICANT – Are aircraft of others taxied, towed or moved by applicant? <input type="checkbox"/> NO <input type="checkbox"/> YES		
Who provides tie down ropes/chains, etc.?		
Number of: Tie down spaces	T-hangars	Multiple-aircraft hangars
Number of aircraft: Tied down	In T-hangars	In multiple-aircraft hangars
Highest value a/c: Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Total value all a/c: Tied down \$	In T-hangars \$	In multiple-aircraft hangars \$
Number of: Ultra-light a/c	Helicopters	

APPLICANT'S VEHICLES, ELEVATORS and AIRCRAFT			
Indicate the number and type of vehicles maintained for use exclusively on the airport premises:			
Fuel Trucks	Snow Removal	Fire Engines	Tugs
Mowers	Pickup Trucks	Passenger Cars	Other
State number of: Elevators	Escalators	Moving Sidewalks	
State number of Aircraft owned or operated by applicant		number of Helicopters	

CONTRACTS	
Has applicant entered into any written agreements assuming the liability of others, such as lease of premises, fuel supplier, equipment lease, etc.?	
<input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)	
Does applicant use contracts for hangaring, tie down service, etc.?	
<input type="checkbox"/> NO <input type="checkbox"/> YES (attach copies)	

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction				
Runways & Taxiways	\$	next year	\$	next three years
All others (describe)	\$	next year	\$	next three years

AIRPORT DESCRIPTION – Elevation is ft. Longest runway is ft.								
Number of aircraft based at airport:		Airline	General Aviation	Military				
Runway construction:		<input type="checkbox"/> Concrete	<input type="checkbox"/> Turf	<input type="checkbox"/> Gravel	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Other	Are runways lighted? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Is aircraft traffic controlled?		<input type="checkbox"/> NO <input type="checkbox"/> YES	By: <input type="checkbox"/> Tower		<input type="checkbox"/> Unicom	Operated by:		
Is there an airport manager?		<input type="checkbox"/> NO <input type="checkbox"/> YES	Employed by:					
Is manager on premises during hours of operation?		<input type="checkbox"/> NO <input type="checkbox"/> YES	Hours of operation		to			
Fire station located at airport?		<input type="checkbox"/> NO	It is		miles from the airport		<input type="checkbox"/> YES	
Is airport fenced?		<input type="checkbox"/> NO <input type="checkbox"/> YES	Who maintains the airport?					
Does the applicant own, operate or maintain any navigational aids? <input type="checkbox"/> NO <input type="checkbox"/> YES (describe)								
If applicant is Owner or General Lessee, complete the following:								
Airport Manager is: <input type="checkbox"/> Employee of applicant <input type="checkbox"/> Independent Contractor (furnish copy of contract)								
Any Recreational or other Non-Aviation facilities or use of Airport premises? <input type="checkbox"/> NO <input type="checkbox"/> YES (describe)								
List Airlines and scheduled Air Taxis that will serve this airport during the next three years:								
Total Estimated Arrivals & Departures:		PRESENT YEAR	NEXT YEAR (EST)		FOLLOWING YEAR (EST)			
Revenue Passengers								
Airline Aircraft								
General Aviation Aircraft								
Military Aircraft								

FUELING – On premises <input type="checkbox"/> NO <input type="checkbox"/> YES Done by applicant <input type="checkbox"/> NO <input type="checkbox"/> YES						
Fueling is by: <input type="checkbox"/> Truck <input type="checkbox"/> Hydrant <input type="checkbox"/> Gas pump <input type="checkbox"/> Gas pit <input type="checkbox"/> Self-Serve Pump Facilities <input type="checkbox"/> Other						
If Self-Serve Pump Facility:						
(a) Who is responsible for Fuel & Equipment Maintenance?						
(b) Who receives profit from Sales?						
*Provide Copy of Contracts						

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

Annual Gallonage:	Airline	gallons	General Aviation	gallons	Military	gallons
Type of fuel sold:	<input type="checkbox"/> AVGAS <input type="checkbox"/> JET FUEL <input type="checkbox"/> AUTO FUEL					
Fuel Storage Facilities:	Underground	gallons	Above ground	gallons		
Annual Gallonage of Turbine Engine Fuel:	gallons					
Does applicant refuel/defuel any scheduled airlines?	<input type="checkbox"/> NO <input type="checkbox"/> YES					
If yes, describe type aircraft and number fueled per day						

LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each “YES” Answer	
Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? (Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred) Explain	<input type="checkbox"/> NO <input type="checkbox"/> YES
Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? (Not applicable in the following states: Missouri) Explain	<input type="checkbox"/> NO <input type="checkbox"/> YES
Name of Last <input type="checkbox"/> or Present <input type="checkbox"/> Aircraft Insurance Company:	

How many years in business under same management?	If less than 5 years, give description of owner's / managers experience.
<div style="border: 1px solid black; height: 100px;"></div>	

Deleted: All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.¶

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA; VT; WA; WV)

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Maine, New Hampshire, **West Virginia** -

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PAM-UW-25 (01/09)

Name of Applicant _____

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii - For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

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Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana - Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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New Mexico - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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Deleted: insurer

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Deleted: for up to 7 years

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Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Date _____ Applicant's Signature _____
All Owners Must Sign

This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer:
Address:
City:
State:

Phone No.: _____ Fax No.: _____

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

COMMERCIAL AIRCRAFT INSURANCE APPLICATION

(Check which is desired) ☐ A QUOTATION ☐ INSURANCE

Name of Applicant

Address

Policy Period From 20 To 20

1. **SCHEDULE OF AIRCRAFT:** (If Applicable)

									Flight Operations During Last 12 Months			
A/C No.	F.A.A.* No.	Make & Model	Yr. Mfg	Engine & H.P.	Seats (Incl. Crew)	Land (L) Sea (S) Amp (A)	Amount of Insurance	Total No. Hours	Approx. % Flown for Each Operation			
									Instruction	Rental	Charter	Other
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

*If other than Standard indicate "R" for Restricted, "L" for Limited or "E" for Experimental.

Deductibles:

Not In Motion
Not In Motion
Not In Motion

In Motion
In Motion
In Motion

Fixed Gear
Retractable Gear
Multi-Engine

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Style Definition: Footer: Font: (Default) Calibri, 11 pt, Tabs: 3.25", Centered + 6.5", Right + Not at 3" + 6"

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P. O. Box 440757
15660 N. Dallas Parkway, Suite 1000
Kennesaw, Georgia
30160
Dallas, Texas 75248
bqatl@pamav.com
bqdal@pamav.com

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NAME OF APPLICANT

2. IF ANY AIRCRAFT ARE ENCUMBERED, COMPLETE THE FOLLOWING:

A/C No.	Amount of Lien	Name and Address of Lienholder

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1
NAME OF APPLICANT

3. IF ANY AIRCRAFT ARE LEASED, COMPLETE THE FOLLOWING AS RESPECTS EACH OWNER:

A/C No.	Name of Owner	Age	Pilot Certificate		Pilot Hours					
			Certificate	Ratings	S.E. Fixed Gear	S.E. Ret. Gear	Multi-Engine	Total All Types	Total Last 12 Months	Total Last 180 Days

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4. IF ANY AIRCRAFT HAVE HAIL DAMAGE, COMPLETE THE FOLLOWING:

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

A/C No.	Date(s) Damage Incurred	Amount of Ins. Payment

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5. CHIEF PILOT EMPLOYED FULL OR PART TIME FOR (1) CHARTER AND (2) INSTRUCTION:

Name	Age	Pilot Certificate		Pilot Hours					
		Certificate	Ratings	S.E. Fixed Gear	S.E. Ret. Gear	Multi-Engine	Total All Types	Total Last 12 Months	Total Last 180 Days
(1)									
(2)									

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6. LIABILITY LIMITS DESIRED:

Bodily Injury Liability (Excluding Passengers)	\$	ea. Person	\$	ea. Occurrence
Passenger Bodily Injury Liability	\$	ea. Person	\$	ea. Occurrence
Property Damage Liability	\$	ea. Occurrence		
Or Single Limit Liability	\$	ea. Occurrence		
		<input type="checkbox"/> Passenger Liability Limited to \$		per Person
		<input type="checkbox"/> All Bodily Injury Limited to \$		per Person

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7. OPERATION OF NON-OWNED AIRCRAFT DURING PAST 12 MONTHS:

- (a) Passenger seating capacity of largest non-owned aircraft
(b) Purpose of flying non-owned aircraft
(c) Any change contemplated for next 12 months? ☐ YES ☐ NO (If answer is "YES" explain)

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8. NUMBER OF YEARS IN BUSINESS UNDER CURRENT MANAGEMENT:

9. NAME OF MANAGER:

10. HAS ANY MANAGER OR PILOT NAMED ABOVE EVER BEEN CONVICTED OF OR PLEADED GUILTY TO (A) A CHARGE OF RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? (B) A FELONY? ☐ YES ☐ NO

11. LIST ALL ACCIDENTS/INCIDENTS INSURED AND UNINSURED DURING PAST 5 YEARS: (Use extra sheet if necessary)

	DATE	AMOUNT	DESCRIPTION
(a)			
(b)			
(c)			

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12. NAME OF LAST ☐ OR PRESENT ☐ AIRCRAFT INSURANCE COMPANY:

13. HAS ANY COMPANY CANCELLED OR REFUSED TO RENEW? ☐ YES ☐ NO (Not applicable in the following states: Missouri).
If Yes, state Company and Reason:

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

Deleted: All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.¶

¶
West Virginia -

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PAM-UW-29 (09/08) -
Page 1 of 4¶

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FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA; VT; WA; WV)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Arkansas - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii - For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana - Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES